

DATE: \_\_\_\_\_

**TO:**

Cheryl Spence, Admin. Assistant

Permits & Inspections

50 North 5<sup>th</sup> St.

Richmond, IN 47374

Phone: 765-983-7341

Fax: 765-962-7024

Email: [cspence@ci.richmond.in.us](mailto:cspence@ci.richmond.in.us)

**FROM CONTRACTOR:**

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Please issue a (\_\_\_\_Residential or \_\_\_\_Commercial/Industrial) permit for the following:**

OWNER NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL JOB COST: \$ \_\_\_\_\_

DATE WHEN PERMIT WILL BE PICKED UP: \_\_\_\_\_

**PLEASE NOTE:**

**NO PERMIT IS VALID UNTIL IT IS BOTH PAID & SIGNED FOR**

**ANY PROJECT BEGUN WITHOUT A VALID PERMIT**

**WILL BE STOPPED & A FINE ASSESSED**